



Centers for Disease Control and Prevention

## Welcome!

This issue of our newsletter features spring and summer news, including a summary of our annual conference and updates on several appropriate antibiotic use activities.

Two new people have joined our staff recently. Meshay Francis, MPH, is working with Get Smart for six months as part of the Public Health Prevention Specialist Fellowship Program. She will make a plan for the campaign to evaluate its partnership efforts. After her work with Get Smart, Meshay will take a two-year assignment with a local health department. Hector Valtierra is the Get Smart campaign's third fellow from the Dr. James A. Ferguson Emerging Infectious Diseases Fellowship Research Program. He is working on the campaign's diversity initiative for eight weeks, creating partnerships and developing educational tools. Hector is a student at Tulane University and will complete his MSPH in tropical medicine in December of 2005.

We appreciate your continued interest and support, and hope you will share your news with us.

Patricia Cook  
Program Director

## Conference Summary

"Dearly beloved, we are gathered here today to bring together two disparate entities and make them one... Often, it seems the gulf is wide between Surveillance and Education, and that nothing can span across this distance. But each must reach out and combine strengths to create the supporting beams. It is the unique perspective of each that helps steer the course of public health.... Therefore, by the powers vested in me by the Centers for Disease Control and Prevention, I now pronounce you married into a truly supportive team. You may begin bridge-building today!" – *Wedding Vows from CDC's 2005 Conference on Antimicrobial Resistance Programs*

## Noteworthy

### NEW ONLINE WEB FORUM

CDC's online web forum, called Epi-X, now features discussion boards for antimicrobial resistance topics. Through Epi-X, CDC officials, state and local health departments, poison control centers, and other public health professionals can access and share health information - quickly and securely. Four boards are featured: antimicrobial resistance surveillance, appropriate antibiotic use in the community, prevention of antimicrobial resistance in healthcare settings and community-acquired MRSA materials, and appropriate antibiotic use in animals. To become a part of the forum, contact Brendan Noggle at [ren7@cdc.gov](mailto:ren7@cdc.gov).



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(continued from page 1, CONFERENCE SUMMARY)

The Centers for Disease Control and Prevention campaign, Get Smart: Know When Antibiotics Work, hosted its 6<sup>th</sup> annual national conference in conjunction with the 2<sup>nd</sup> Antimicrobial Resistance Surveillance Workshop on April 26-29, 2005. For the third year in a row, awards were given out for innovative appropriate antibiotic use activities; two state programs were recognized. The Oregon Alliance Working for Antibiotic Resistance Education (AWARE) developed, produced and distributed a continuing education monograph, *Judicious Use of Antibiotics: A Guide for Oregon Clinicians*. The monograph is a self-study booklet offering continuing medical and nursing education credits. It features national and local resistance prevalence data, as well as Oregon-specific consensus treatment algorithms endorsed by various agencies and groups in the Oregon area. The Nebraska Appropriate Antibiotic Use Campaign designed a coordinated media strategy including billboards, mall panels, bus panels, magnets and brochures. The campaign – which ran during fall 2004 – capitalized on Nebraskans' love for and familiarity with football by incorporating images of football players and slogans like "Guard Against Antibiotic Overuse" and "Have a Winning Cold/Flu Season." The locations for the outdoor media were selected based on several factors including local prescribing patterns, and consumer materials were strategically distributed.

The first half of the conference focused on skill-building for appropriate antibiotic use programs and partners. This component included workshops on the following topics: working with businesses, diversity, evaluation, partnering, media outreach, pharmacy collaboration, expanding appropriate antibiotic use programs to healthcare and agriculture settings, coalition building, and success stories from around the country. An extended evaluation workshop was held during which participants were able to complete evaluation planning worksheets and draft logic models. The Campaign to Prevent Antimicrobial Resistance in Healthcare Settings and Get Smart: Know When Antibiotics Work on the Farm held a joint session to discuss their implementation. Those are just some of the highlights from the conference, but all of the sessions were a success. If you are interested in receiving presentations and/or more information, please contact Alison Patti at [apatti@cdc.gov](mailto:apatti@cdc.gov).

Surveillance presentations began with an overview of the latest national descriptive statistics of drug resistance in *S. pneumoniae* (DRSP), *S. aureus* (MRSA), *N. gonorrhoeae* (QRNG), and foodborne disease. The incidence of DRSP has decreased, but replacement disease threatens that decrease; invasive community-acquired MRSA rates

collected by CDC's Active Bacterial Core surveillance system report 35 new cases per 100,000 persons per year. QRNG culture capacity is declining at local laboratories due to ease of other rapid tests, reducing the ability to test for resistance, and while foodborne disease has decreased from 1996 levels, antibiotic resistance has increased in certain species of *Salmonella* and other foodborne pathogens.

Participants were urged to consider their disease reduction goals, design surveillance systems using model methods, and cooperate with all stakeholders, who can include laboratory, surveillance, and health education colleagues, providers, the public, and many others.

Many conference presentations exemplified collaboration opportunities for state and local health departments, and recommended appropriate antibiotic use campaigns use local antimicrobial susceptibility surveillance data to raise awareness of resistance problems, target resources and activities, develop local treatment recommendations for healthcare facilities for selected pathogens, and monitor trends. While it is not often that the personnel who collect surveillance data and coordinate intervention campaigns are the same, collaboration between these two groups leads to informed campaigns with surveillance data used in public health practice.

Perhaps the most compelling new opportunity for collaboration is between the veterinary and human public health communities. One CDC presenter pointed out the need for better surveillance of antimicrobial use and resistance in food animals so that connections can be made with human public health. Stepping up to the task, a public health veterinarian spoke on using susceptibility test results from large farms to inform practitioners and producers of best practices and to possibly define the relationship between human and food animal antibiotic resistance.

Conference presentations are available upon request, please refer to the conference agenda for titles of interest, and contact Brendan Noggle at [bnoggle@cdc.gov](mailto:bnoggle@cdc.gov) for more information.



## State and Local Program Updates and Resources



### COLORADO PHARMACY OUTREACH

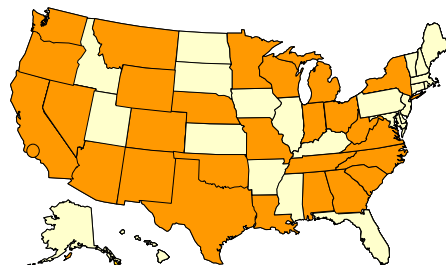
The Get Smart Colorado Coalition, which met for the first time in August 2004, established the goal of implementing a statewide pharmacy initiative by January 2005. To accomplish this, they adapted the existing educational material developed and focus-tested by the MARC (Minimizing Antibiotic Resistance in Colorado) project to create a counter top display. The size and versatility of the display met the concern of their pharmacy partners that the product should be able to be placed on a counter or shelf and utilize minimal space. Additionally, by limiting the product to one per pharmacy, they were able to accomplish the initiative at a reasonable cost.

The display integrated a slot to hold the CDC brochures called "Get Smart: Know When Antibiotics Work." To maximize their resources for printing thousands of brochures, they chose to print them in black and white.

With the assistance of the Colorado Pharmacists Society, the coalition sent a letter to chain pharmacy district managers describing their product and asking for their support, while the project coordinator made follow-up telephone calls. The district managers of two pharmacy chains agreed to encourage their pharmacies to display the brochure holder. These district managers also offered to distribute the displays throughout the state.

With the help of a public health student volunteer, they designed a one-page evaluation form to be completed by participating pharmacies. Feedback from this pharmacy initiative will be used to decide upon and develop future initiatives with Colorado pharmacies.

Based on the evaluation feedback, Get Smart Colorado will be approaching this initiative differently this coming year. They will (1) gather a group of pharmacists together to help design the materials and information, (2) have greater announcement time so that pharmacies will be geared up by the time the initiative starts, and (3) make sure it is clear they are part of a larger educational campaign that is working with both the public as well as providers. If you have any questions, please feel free to contact Kelly Kast, Program Coordinator for Get Smart Colorado, at [kelly.kast@state.co.us](mailto:kelly.kast@state.co.us).



### AWARD-WINNING PROGRAMS

Michigan's *Antibiotics and You Program* won the 2005 Outstanding Service Learning Award from the Michigan Community Service Commission.

Nevada's program, *Nevadans for Antibiotic Awareness*, was a finalist in the Americans' Health Insurance Plans' 2005 Ellis J. Bonner Community Leadership Award Competition.

Congratulations to both programs!



### **NEWS FLASH**

New Spanish brochure available in print and electronically in July (sample attached)

## Get Smart Campaign Projects

### MICHIGAN AND MISSOURI COALITIONS PARTICIPATE IN GET SMART EVALUATION TRAINING

State and local health departments requesting ELC funding need to include an evaluation component for their appropriate antibiotic use efforts, but many programs are unsure how to construct this evaluation component and carry out the evaluation. In an effort to develop and test tools and approaches to improving evaluation capacity among funded sites, Get Smart staff visited Michigan and Missouri in March and provided training in program evaluation for coalition members.

**Michigan** – Martha Iwamoto (a Preventive Medicine Resident) and Jennifer Weissman worked with Mary Eley and 10 members of the MARR coalition to develop a program description and an evaluation plan for their “Antibiotics and You” elementary school curriculum. As a result of this training, MARR plans to analyze data from pre- and post-tests from previous presentations and conduct a follow-up survey to assess the sustainability of program outcomes (including changes in knowledge and decreases in school absences) over time.

**Missouri** – Heidi Brown (a CDC Experience Fellow) and Jennifer Weissman worked with Bryan Norman and two members of the ARCH coalition to develop a program description and an evaluation plan for their distribution of cold-care kits to daycare centers. As a result of this training, ARCH plans to create and use logs to track distribution of cold-care kits and conduct focus groups to test materials and obtain baseline data for a later evaluation assessing families’ knowledge, attitudes, and behavior.

While we do not have the resources to conduct this type of training with all of our funded sites, we do plan to take the materials and approaches used with Michigan and Missouri and share them with other programs. CDC Project Officers will work with programs to: help coordinators select an activity to evaluate, walk them through the steps of the CDC evaluation framework, construct logic models or program descriptions for the selected activities, and focus the evaluation depending on the purpose, timing, and available resources.

Many thanks to Mary, Bryan, and their dedicated and enthusiastic coalition members for making both trips a big success!

### NEW ANTIBIOTIC ADHERENCE MESSAGES IN PHARMACIES

In the fall of 2004, the Get Smart campaign established a relationship with Catalina Health Resource (CHR) to distribute educational information in pharmacies. CHR works with a network of 13,000 pharmacies nationwide. The partnership allows for inclusion of the Get Smart PSA and messages on appropriate antibiotic use and adherence on the tri-fold printout that accompanies prescriptions. The first section contains patient and medication-specific information (patient monograph), and the second section is a health topics newsletter called Patient Link which is produced to educate consumers about medications. Catalina Health Resource began a 4-week trial run of space for the Get Smart PSA on the CHR Patient Link tool in February 2005. In July 2005, a grant from the CDC Foundation will support focus testing for new drug adherence messaging in four cities (Atlanta, Houston, New Orleans, and Phoenix). The results will be used for the Catalina Health Resource antibiotic adherence campaign in fall 2005, and for future materials.

You have just received a  
prescription for an antibiotic.

### WHAT NOW?

- Take it exactly as your medical expert tells you.
- Finish the prescription.
- Do not skip doses.
- Do not save it for later.
- Do not take antibiotics that are prescribed for someone else.

#### Why is this checklist so important?

Using an antibiotic the wrong way can make infections stronger and harder to treat. You can prevent this problem by getting smart about antibiotics.

**Take antibiotics the right way.**



For more information  
call 1-888-246-2675 or  
visit [www.cdc.gov/getsmart](http://www.cdc.gov/getsmart)

Source: Centers for Disease Control and Prevention





## News from Other CDC Programs



### *Campaign to Prevent Antimicrobial Resistance in Healthcare Settings*

#### Campaign Featured at the 2005 Annual Conference of the Association for Professionals in Infection Control and Epidemiology (APIC)

CDC and the CDC Foundation awarded three scholarships to recognize abstracts that described successful implementation of at least one step or strategy of the Campaign to Prevent Antimicrobial Resistance in Healthcare Settings. The winning abstracts were presented in a special session featuring the Campaign at the APIC Annual Conference on June 22, 2005, in Baltimore. The abstracts described the following campaign implementation projects: 1) an effective intervention program that resulted in a sustained significant reduction of nearly 60% in catheter-associated bloodstream infections in three intensive care units, 2) the success of a multidisciplinary infection control team project to encourage judicious use of surgical antimicrobial prophylaxis to prevent surgical site infections and antimicrobial resistance that achieved greater than 90% compliance for all three Surgical Infection Prevention measures of the Medicare Quality Improvement Project, and 3) a project to standardize the central venous catheter insertion process that reduced catheter-associated bloodstream infections from 7.6/1000 central line days to 1.9/1000 central line days in a university hospital medical intensive care unit. Please check the APIC website ([www.apic.org](http://www.apic.org)) for more information about the APIC Annual Conference and the Campaign website ([www.cdc.gov/drugresistance/healthcare](http://www.cdc.gov/drugresistance/healthcare)) for proposed steps or strategies to reduce antimicrobial resistance in healthcare settings.

#### Campaign Implementation Stories Presented at the CDC 2005 Conference on Antimicrobial Resistance Programs

Dr. Arjun Srinivasan presented a summary of implementation success stories at the joint breakout session of the CDC 2005 Conference on Antimicrobial Resistance Programs on "Broadening Your Appropriate Antibiotic Use Program to Healthcare and Agriculture Settings" in April 2005. These success stories, which were originally presented at the 2004 Campaign Event Session at the Annual Meeting of the Society for Healthcare Epidemiology of America (SHEA), included: 1) the creation and management of an antibiotic advisory team that identified antibiotic prescribing errors based on hospital pharmacy reports of all patients receiving antibiotics and categorized them in accordance with eight of the 12 steps to Prevent Antimicrobial Resistance Among Hospitalized Adults, 2) the creation of a task force commissioned by the infection control committee of the institution that utilized the Campaign as its format for intervention, and 3) the integration of the 12 steps to Prevent Antimicrobial Resistance Among Hospitalized Adults into hospital performance improvement efforts. These three stories are published in the *American Journal of Infection Control* (2005;33:53-4). Dr. Srinivasan also presented results from the antimicrobial management program at the Johns Hopkins Hospital. Results from this program were reported at the 2003 and 2005 Annual Meetings of the SHEA.

#### Availability of Educational Materials for Community-associated Methicillin-resistant *Staphylococcus aureus* (CA-MRSA)

In response to requests for educational materials on CA-MRSA, we have developed an Epi-X Forum Conference dedicated to the Campaign to Prevent Antimicrobial Resistance in Healthcare Settings and CA-MRSA educational materials. More than 30 examples of state or local health department educational resources have been posted to this forum, including posters, articles, guidelines, fact sheets, Powerpoint presentations, flyers, and brochures, targeting healthcare providers, general public, schools, athletes, and daycare and correctional facilities. CDC's current educational materials on CA-MRSA are posted on the web at:

<http://www.cdc.gov/ncidod/hip/ARESIST/mrsa.htm>.

If you have questions about the Campaign to Prevent Antimicrobial Resistance in Healthcare Settings or CA-MRSA educational materials, please contact Krissy Brinsley at [KBrinsley1@cdc.gov](mailto:KBrinsley1@cdc.gov).

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## GET SMART



**Know When Antibiotics  
Work On The Farm**

### New Team Members

Get Smart: Know When Antibiotics Work on the Farm would like to introduce its newest **Health Education Specialist**, Tante H. Chatman. Tante received an MPH from Florida A&M University with a

concentration in Behavioral Sciences and Health Education. Her role is to promote the Get Smart on the Farm program, create partnerships, and design health education materials. Tante will also provide technical assistance to the state-based programs, facilitate focus groups, and evaluate the program's effectiveness. To facilitate program coordination, she created a logic model. We welcome her to the team!

We also welcome Derek Stephenson. Derek is a student enrolled in the Ferguson Fellowship Research Program. Derek will be assisting the program for eight weeks. He is a first-year medical student at Morehouse Medical College.

### Program Updates

Get Smart on the Farm is excited to announce the program focus for this year. Antimicrobial resistance is a problem in all food-producing species, but each type of animal has its own issues. Because of the excellent work of Monica Raymond and Dr. Ron Wohrle in Washington, and Dr. James Averill at Michigan State, Get Smart on the Farm will concentrate on the dairy industry first. Plans are being made to meet with stakeholders in the dairy industry to develop sound messages about appropriate antibiotic use.

The veterinary curriculum is currently in editing. The main component of the curriculum should be available to veterinary schools in the fall.

## Partnership News

### CDC Foundation Update

Pfizer recently funded an effort to provide educational materials to consumers at the point of purchase of their antibiotic prescriptions. Pfizer also funded the focus testing of messages for the Get Smart campaign. Additional funding is being pursued to provide for the second year of an innovative curriculum designed to help family medicine residents more accurately diagnose otitis media.

The CDC Foundation is an independent non-profit enterprise that forges effective partnerships between CDC and others to fight threats to health and safety. Additional information on this and other projects managed by the Foundation can be obtained at [www.cdcfoundation.org](http://www.cdcfoundation.org). For information on how you can help, please contact Julie Rodgers, Associate Director of Corporate and Foundation Relations at 404-653-0790 or [ayo2@cdc.gov](mailto:ayo2@cdc.gov).

A sincere thank you to all the donors who make the Get Smart campaign a reality.

### More on Partnerships

We have recently formalized a few new partnerships:

- Society of Infectious Disease Pharmacists (SIDP), an association of health professionals dedicated to promoting the appropriate use of antimicrobials
- Benescript Services, Inc., a pharmacy benefit management company focused on managing pharmaceutical costs and improving patient care
- Quality Assurance Services (QAS), Inc., a company that distributes diagnostic devices for point-of-care testing and patient self-testing and that offers technological assistance and health education

For more information on partnering with Get Smart, please contact Patricia Cook, Program Director, at [pcook@cdc.gov](mailto:pcook@cdc.gov).



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e-mail: [getsmart@cdc.gov](mailto:getsmart@cdc.gov)

**Los antibióticos NO combaten los virus.**

## Como tratar un resfriado o la gripe:

Los niños y los adultos con infecciones virales se recuperan cuando la enfermedad pasa su curso. Los resfriados causados por virus pueden durar dos semanas o más.

Medidas que pueden ayudar a una persona a sentirse mejor del resfriado o de la gripe:

- Tomar más líquidos
- Usar un vaporizador o un pulverizador salino nasal para aliviar la congestión
- Aliviar la garganta con trocitos de hielo, con un pulverizador para el dolor de garganta, o pastillas (para jóvenes y adultos)

Las infecciones virales a veces pueden causar infecciones bacteriales. Los pacientes deben informar a sus doctores si la enfermedad se pone peor o dura mucho tiempo.

*"Los antibióticos matan las bacterias pero no los virus"*

*"No siempre son la solución"*

*"Siempre consulte a su doctor"*

*"Tomar antibióticos inapropiadamente puede ser muy dañino para su salud y la de sus hijos"*

# A VECES, EL REMEDIO ES PEOR QUE LA ENFERMEDAD



**Campaña para promover el uso correcto de los antibióticos.**



Si desea más información en español, llame al  
**1-888-246-2857**  
**[www.cdc.gov/getsmart](http://www.cdc.gov/getsmart)**





# Lo que necesita saber de los antibióticos

Los antibióticos, como la penicilina, NUNCA son la respuesta a un simple resfriado, ya que los antibióticos pueden curar las infecciones causadas por bacterias, pero NO las infecciones o las enfermedades causadas por un virus. Los antibióticos NO funcionan contra los virus que causan el resfriado común o la gripe, entre otras enfermedades.

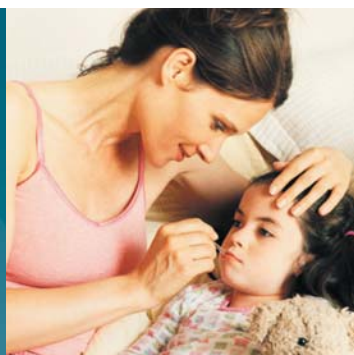


Así que recuerde que cuando usted utiliza un antibiótico, como la penicilina, para combatir un virus:

**NO CURARÁ la infección.**  
**NO AYUDARÁ a que el paciente se sienta mejor.**  
**NO EVITARÁ que otras personas se contagien.**

**El diagnóstico del paciente debe ser responsabilidad del médico al igual que el uso de antibióticos.**  
**La selección de un antibiótico adecuado es sólo responsabilidad de un médico.**

**Automedicarse con antibióticos puede perjudicar su salud.**



## Algunos datos sobre los virus

Existen muchos tipos de virus que causan resfriados.

Los resfriados comunes son causados por un virus, por lo tanto no deben ser tratados con antibióticos.

Los niños de menor edad tienden a tener un mayor número de enfermedades virales.

## Consecuencias de automedicarse con antibióticos

Las bacterias pueden desarrollar resistencia a los antibióticos cuando éstos se toman innecesariamente.

Debemos pensar que si nuestro hijo se ve afectado por bacterias resistentes a diferentes antibióticos sus posibilidades de curarse son menores. Además existe un mayor riesgo de complicaciones por el uso incontrolado de antibióticos.

**NO TOMES ANTIBIÓTICOS SIN CONSULTAR A SU MÉDICO**

